KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U3C
June 2015
Form must be Typed
Form must be completed on a per well basis

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.

OPERATOR: License # 35280
Name: C & K Operating LLC
Address 1: PO BOX 273
Address 2:
City: KINGMAN State: KS Zip: 67068 + 0273
Contact Person: Jim Kraft
Phone: (620) 553-5050
Lease Name: ALAMEDA
Well Number: 6-6

API No.: 15-095-22232-00-00
Permit No: D30976.0
Reporting Year: 2023
(January 1 to December 31)

____ - SE - SE - NW Sec. 27 Twp. 28 S. R. 7 ☐ E ☑ W
(Q/Q/Q/Q)
2970 feet from ☐ N / ☑ S Line of Section
2970 feet from ☑ E / ☐ W Line of Section
County: Kingman

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: _____ mg/l Specific Gravity: _____ Additives: _____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 300 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 20000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: _____ *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	170500				31
February	154000				28
March	170500				31
April	165000				30
May	170500				31
June	165000				30
July	170500				31
August	170500				31
September	165000				30
October	170500				31
November	165000				30
December	170500				31
TOTAL	2007500		0		

Submitted Electronically